Medi-Cal Management Information System and Decision Support System (MIS/DSS)

Functional Specifications

for Panorama View Briefing Book

Phase 5

THE **MEDSTAT**® GROUP

April 13, 2000

Table of Contents

1.   General Background

MEDSTAT's Panorama View Briefing Book provides MIS point-and-click display of preformatted, customized reports tailored to Medi-Cal needs. This reporting capability supplements the standard Panorama View informational packages. The Briefing Book stores and presents a set of reports that provide static, summarized information that is not available in the standard Panorama View information displays. This set of reports is updated with each monthly update to the MIS/DSS Database. Individual reports within the Briefing Book are updated on a monthly, quarterly, or annual basis by MEDSTAT staff and placed in the Briefing Book for viewing.

A Briefing Book report has the following characteristics:

- The report has routine use in the Department (i.e., it is not a "one-time" request).

- The report provides an "executive view" of summarized data, complementary with other MIS-level questions.

- The report will have wide applicability in terms of interest level (i.e., there are many potential viewers).

- The report is "non-proprietary" in nature — all DHS MIS users will have access to the report, and future report modifications must take into consideration implications for all MIS users.

2.   Data Background

All of the Medi-Cal MIS/DSS applications can generate reports for use in the Briefing Book, including DataScan, MyEureka, the Performance Measurement Workstation, and MapInfo. Reports created for the Briefing Book can access the following established data sources used and analyzed by the MIS/DSS, including:

- Paid claims

- Managed care encounters and capitation amounts paid

- Managed care financial information submitted by health care plans (the "Orange Blank")

- Provider directory information

- Eligibility records

- Unlike previous phases, Phase 5 Briefing Book reports may include data for any county and may reflect all aid codes with Federal Financial Participation (FFP).

Please note that the primary source of the claims and encounter information is the 35-File, which includes adjudicated paid claims and edited no-pay encounters for capitated services submitted by contracting managed care plans to ITSD (including capitation paid to dental plans). Capitation payments made to managed care plans are also included among the data sources. The following information, however, is excluded from the current Medi-Cal MIS/DSS data sources:

- Audits

- Lawsuits

- Recoveries

- Buy-In (other payments for Medi-Cal services not otherwise captured in claims data)

- Disproportionate Share Payments to Hospitals

- Miscellaneous lump-sum adjustments that are not reflected in the adjudicated claims

3. Process Flow

The Panorama View Briefing Book reports will be updated ten business days after the applicable monthly DataScan update is completed. A Briefing Book report may be updated monthly, quarterly or annually based on the nature of the report and its intended timeframe. For example, Plan Profile reports based primarily on quarterly financial data will be updated in the Briefing Book every three months, while reports based primarily on HEDIS measures would be updated annually.

During the Briefing Book update window, data is aggregated from DB2 tables and posted in an MS Access database. Summary tables, both created as part of the monthly update job stream and generated in Access, are constructed based on the various Briefing Book report criteria. Query result sets from these Access tables are posted or linked into various MS Excel worksheets via macros, visual basic programs, or ODBC. Applicable measures for the Plan Profiles not otherwise available from DB2 are retrieved via Panorama View or the Performance Measurement Workstation.

The tables and graphs produced in Excel are translated to HTML text or Adobe Acrobat and graphics via macros or visual basic programs. Additions or changes to HTML links are made as appropriate, and the final version is then posted to the Panorama View web server.

For the purposes of expediting the extraction of Panorama View Briefing Book data from the DataScan tables, a new DB2 table (BB_CLAIMS) has been constructed. This new table is a union of records from the IP_CLAIM, OP_CLAIM1 and DRUG tables, and each record contains

only a handful of fields from the original tables. The BB_CLAIMS table initially is created during the database build, and its data are modified upon each update to mirror those included in the new database window. The table is sorted and indexed based on the specific querying demands of the Panorama View Briefing Book reports. Not all reports will be run from the BB_CLAIMS table, i.e., queries related to eligibility, managed care plan financials, and inpatient case data continue to be run off their respective DataScan tables.

The following fields are currently included in the BB_CLAIMS table:

      SVC_DT_MM
      TABLE_ID
      SVC_DT_YYYY
      PGM_CODE
      PRODUCT
      NETWORK_ID
      EMP_ID
      MEMBER_NBR
      PROV_ID
      PD_DATE_YYYY
      PD_DATE_MM
      SVC_DT
      NET_PAY_AMT
      AMB_PROC_GRP_CD
      ELIG_CAT
      MCAL_AGE_GRP
      SVC_CAT
      UNIT_CNT
      APPL_IND

For the Recipient and Provider Profile Reports, a series of DataScan reports are scripted and run using the Briefing Book User ID designated specifically for these reports. The Subsets and Custom Reports are available in this User ID library, and can be re-run with each quarterly update. The only change that will need to be made is the date range--which is a twelve month rolling window that adjusts in conjunction with the thirty month rolling window. For example, the first set of Recipient and Provider Profile Reports are based on the thirty month window: 6/1/97-11/30/99. The twelve month window of these reports is 4/1/98-3/31/99, the "lag" between the two windows is used to ensure the claims lag for the services in the date range has been nearly completed.

Prior to posting as part of the Panorama View application, data in updated Briefing book reports will be reviewed for consistency and reasonableness against: 1) existing Panorama View, DataScan or PMW reports; 3) known Medi-Cal or health care industry benchmarks; or 3) Briefing Book reports from the previous period. Where data in updated Briefing Book reports vary significantly from expected values, MEDSTAT will open an Investigation Request (IR) to

determine the nature of the variance, the resolution of which will be reported to the Department as part of our ongoing communication on the update process.

Upon transferring the completed Briefing Book updates to the Panorama View web server, the "What's New" text window will be revised to indicate that new Briefing Book reports can be viewed in the application. This notification window will pop up on the users' desktop the first time they sign on to Panorama View after the Briefing Book update.

4.   Report Catalog and Site Contents

The initial Phase 5 Briefing Book will contain, in summary, the following tables, graphs, and supporting information in HTML or PDF format:

Reports	Contents
Individual Plan Profile Report Cards	Report Cards for individual managed care plans
Plan Type Benchmark Reports	Benchmark Reports for the four Plan Types: COHS, CP, GMC, and LI
Plan Type Comparison Report	Plan Type Comparison Summary Reports of all of the Plan Types.
Recipient Profile Reports	Periodic reports identifying the top diagnoses, admits, and drugs dispensed to the Medi-Cal population.
Provider Profile Reports	Periodic reports identifying the top Pharmacies, Hospitals, and Physicians serving Medi-Cal beneficiaries.
Analytic Spotlight	Periodic reports focusing on current issues in the delivery of medical care to Medi-Cal beneficiaries

Supporting Info	Contents
Requests	A word document form which can be printed out and used to request changes to the Briefing Book or new reports.
Notes	A page with information for interpreting the data contained in the briefing book, e.g. definition of terms and a listing of counties included in the data.
Overview	A page explaining the purpose and content of the Briefing Book, the source of the data contained in the Briefing Book, and the instructions on how to request changes or new reports

For a sample of the interface and reports, see Attachment 1: Phase 5 Briefing Book Samples.

5. Plan Profile Report Specifications

During Phase 5, MEDSTAT will implement the Plan Profile reports. These Briefing Book reports, updated quarterly, may include data from the following sources:

- Orange Blank forms submitted to the State by Medi-Cal managed care plans

- Cost, Quality and Utilization data from DataScan and Panorama View

- HEDIS measurements from Performance Measurement Workstation

The Plan Profiles are broken down into three main categories:

- Single Plan Financial and Medical Report Cards

  Each Managed Care Plan will have a two page report card with data on a rolling calendar quarter basis. One page will have primarily financial data, and the other will have primarily quality and utilization data. All measures will show applicable Fee for Service performance as well as that of Plan peers within the same model type (as defined by PRODUCT).

Proprietary and Confidential

Where applicable, figures in these reports will be generated similarly to those compiled in the aforementioned Cost and Utilization reports.

In the financial section, the report will show Plan figures detailing capitation payments and fee for service carve-outs. Also included will be figures based on the Orange Blank form data stored in the DB2 table. Initial financial data will include:

> Net Worth

> FFS payments

> Medicaid revenue as a percent of Plan total

> Medical expenses as a percent of Plan total

> Plan Debt/Equity ratio

The quality and utilization data in the Plan Report Card initially will include:

> Medi-Cal Enrollment

> Scripts per 1,000

> Days per 1,000

> Asthma and Diabetes Admissions per 1,000

> Immunization Rates

> Well-Child Visit Rates

- Plan Type Financial and Medical Benchmark Reports

  A benchmark report will be produced for each set of Managed Care Plans (grouped by PRODUCT) that will include the same measures as produced in the Plan Report Cards. However, instead of rolling quarterly data, this set of reports will be based on the most current calendar quarter. Peer average and Fee for Service performance benchmarks will be included as applicable.

- Plan Type Comparison Summary Reports

  A final set of reports will be produced to highlight variations between Plan Model Types (PRODUCT). Data in these reports will be based on the most current calendar quarter and will include those measures included in the Benchmark and Report Card profiles.

Measures in each of the three above report types may rotate periodically as determined jointly by MEDSTAT and the DHS MIS/DSS Project Staff.

6. Recipient and Provider Profile Report Specifications

The Recipient Profile Reports, updated quarterly, include one year's worth of data from DataScan and will identify the top fifty admits, episodes, drugs and services for both Fee For Service and Managed Care beneficiaries. The Recipient Profiles are divided into the following report categories:

- Top Admits Reports

    Five such reports are based on the Episodes table, with the diagnosis being identified by the Episodes Group Summary Category (EPSUMCAT). There are three separate reports, or sorts, of this report: (1) top EPSUMCAT descending by the number of admits, one each for managed care and fee for service beneficiaries; (2) top EPSUMCAT descending by net payment for inpatient services, one each for managed care and fee for service beneficiaries; and (3) top EPSUMCAT descending by cost per admit on fee for service beneficiaries only.

- Top Episodes Reports

    Five such reports are based on the Episodes table, with the diagnosis being identified by the Episodes Group Summary Category (EPSUMCAT). Very similar to the Top Admits Report, this report identifies top EPSUMCATs for inpatient, outpatient, and prescription drug services (based on the IP Service Detail, OP Service Detail, and Prescription Drug tables), with the same three sorts: (1) top EPSUMCAT descending by the number of admits, one each for managed care and fee for service beneficiaries; (2) top EPSUMCAT descending by net payment for inpatient services, one each for managed care and fee for service beneficiaries; and (3) top EPSUMCAT descending by cost per admit on fee for service beneficiaries only.

- Top Prescription Drugs Reports

    Five such reports are based on the Prescription Drug table, with the type of drugs being identified by Therapeutic Class (THERCLS). Consistent with the other two recipient profile reports, this report also has three sorts: (1) top THERCLS descending by the number of prescriptions dispensed, one each for managed care and fee for service beneficiaries; (2) top THERCLS descending by the net payment made for all of the drugs in the therapeutic class, one each for managed care and fee for service beneficiaries; and (3) top THERCLS descending by the cost per prescription on fee for service beneficiaries only.

- Top Services Reports

    Five such reports are based on the Inpatient, Outpatient and Prescription Drug tables, with the type of service identified by Service Type (SVCTYP). Consistent with the other recipient profile reports, this report also has three sorts: (1) top SVCTYP descending by the number of services provided, one each for managed care and fee for service

beneficiaries; (2) top SVCTYP descending by the net payment made for all of the services in the type, one each for managed care and fee for service beneficiaries; and (3) top SVCTYP descending by the cost per recipient on fee for service beneficiaries only.

The Provider Profile Reports, updated quarterly, include one year's worth of data from DataScan and will identify the top fifty admits, episodes (diagnoses), drugs and services for both Fee For Service and Managed Care beneficiaries. The Provider Profiles are divided into the following reports:

- Top Hospitals Reports

  Four such reports are based on the Inpatient Case table, with the facility identified by HOSPID. There are two sorts on this report: (1) top HOSPID descending by the number of admissions, one each for managed care and fee for service beneficiaries; (2) top HOSPID descending by the net payments, one each for managed care and fee for service beneficiaries.

- Top Physicians Reports

  Four such reports are based on the Inpatient and Outpatient tables, with the provider identified by PROVID as a physician or physician group. There are two sorts on this report: (1) top PROVID descending by the number of services, one each for managed care and fee for service beneficiaries; (2) top PROVID descending by the net payments, one each for managed care and fee for service beneficiaries.

- Top Pharmacies Reports

  Four such reports are based on the Prescription Drug table, with the provider identified by PROVID as a pharmacy. There are two sorts on this report: (1) top PROVID descending by the number of prescriptions, one each for managed care and fee for service beneficiaries; (2) top PROVID descending by the net payments, one each for managed care and fee for service beneficiaries.

- FQHC/RHC Trend Reports

  Four such reports are based on the Inpatient and Outpatient tables, with the provider facility identified by PROVID as a FQHC or RHC. There are two sorts on this report: (1) top PROVID descending by the number of services, one each for managed care and fee for service beneficiaries; (2) top PROVID descending by the net payments, one each for managed care and fee for service beneficiaries.

- DSH Trend Reports

  Four such reports are based on the Inpatient and Outpatient tables, with the provider facility identified by PROVID where the billing ID (PROVIDBL) is included in an OIL

provided to MEDSTAT cataloging the DSH facilities. There are two sorts on this report: (1) top PROVID descending by the number of services, one each for managed care and fee for service beneficiaries; (2) top PROVID descending by the net payments, one each for managed care and fee for service beneficiaries.

Of particular note is that any payment associated with Managed Care beneficiaries is the payment made for carve-out services paid by EDS. These monetary figures do not include services covered under the capitation payment made to the managed care plans.

7. Adding, Changing and Deleting Reports

The following process must be used to place a report in the Briefing Book. Please note this reflects the initial process, and may change over time. The MEDSTAT Analytic Support Team and the MIS/DSS Project staff are available to meet with users if additional assistance is needed to conceive appropriate ideas for Briefing Book requests.

- The end-user completes the Panorama View Briefing Book Request Form and submits it to the MEDSTAT Analytic Support Team (address included on form).

- The MEDSTAT Analytic Support Team assigns a request number and notifies the requestor of receipt.

- The MEDSTAT Analytic Support Team forwards the request to the DHS MIS/DSS Project Team with a recommended action.

- The DHS MIS/DSS Project team reviews the request and assigns one of the following dispositions:

  > Accepted: The report meets the MIS criteria and will be submitted to MEDSTAT for inclusion into the Briefing Book. In addition, the MIS/DSS Team assigns a priority, and returns the request to the MEDSTAT Analytic Team.

  > Data Not Available: The report meets the MIS criteria, but the data is not available to adequately answer the stated question(s). This may be a report that may be added at a later date when the information is made available.

  > Need More Information: The report may meet the MIS criteria, but the request is returned to the requesting user for additional information.

  > Not Accepted: The requested report does not meet the MIS criteria or a different solution may be applicable.

- The MEDSTAT Analytic Team notifies the original requestor of the disposition and, if appropriate, the MEDSTAT Analytic Team requests additional information or clarification.

Once reports have been added to the Briefing Book, changes to existing reports may be necessary. The same process to request a report should be used to change a report. Reference the report number on the Briefing Book Request Form. Certain types of changes may cause additional technical or administrative effort to be expended. These changes may result in a new report being added to the Briefing Book. Potential changes include:

- Format changes (adding, removing or changing the order of columns or graphics)

- Sort sequence changes

- New or modified data source(s)

- Modified data selection criteria

- Modified data aggregation criteria

As experience is gained in using the Briefing Book, an individual user may determine that a previously defined report is no longer useful. Because the report may be used by a variety of people, an overall evaluation of the report's utility and value will be necessary. The DHS MIS/DSS Team will consider the impact on all users when evaluating a request to delete a report.

Briefing Book reports also may be modified, deleted, or added in Phase 5 as agreed upon per the above procedure.
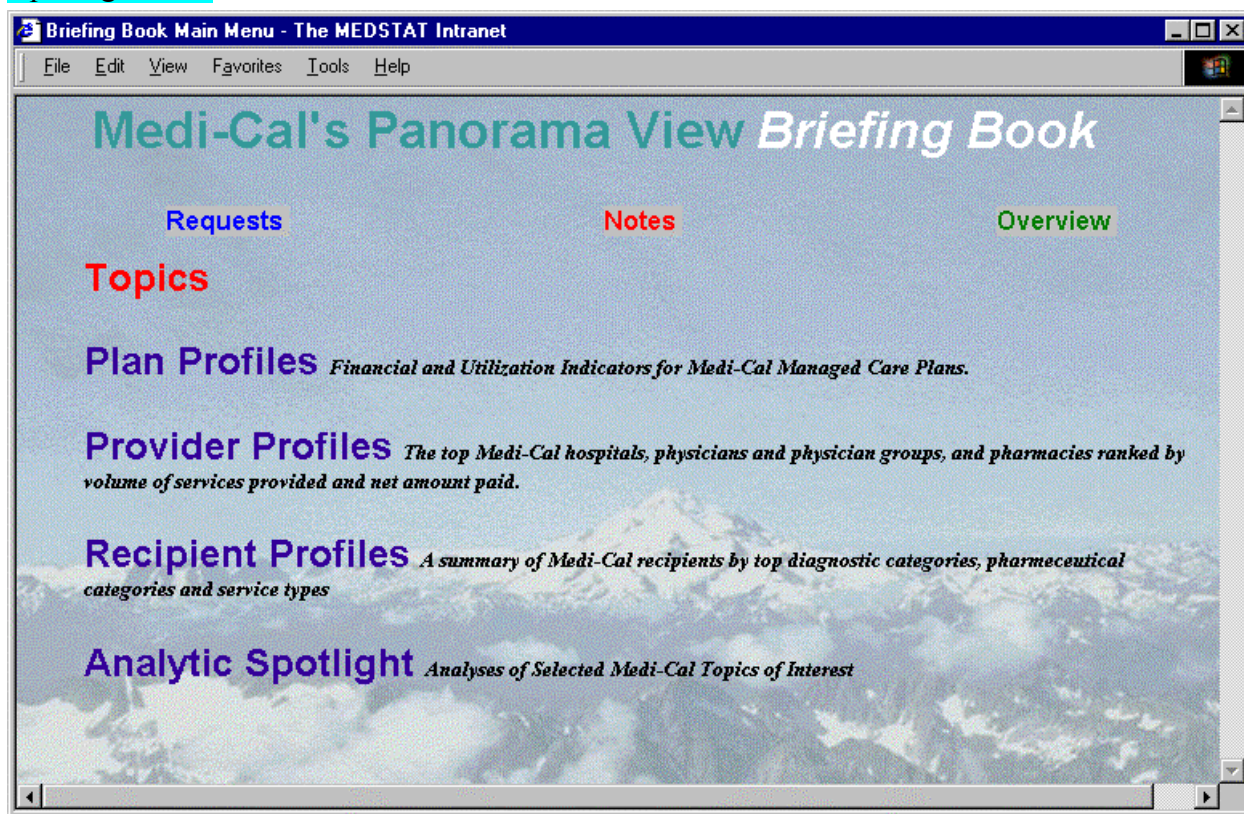
8.   Summary of Document Changes

Author	Phase	IRs	Description of Changes
R. Joy	5	1934	Streamline and simplify interface
R. Joy	5	1798	Add Recipient Profile reports
R. Joy	5	1796	Add Provider Profile reports
R. Joy	5	1495, 1497, 1934	Use only HTML or PDF files for Briefing Book reports
R. Joy	5	1478, 1546	Promote existing summarization SPUFIs to the production job stream. In addition, use enhanced PC tools to increase efficiency of Briefing Book report creation.
T. Calvert	4	1186	Remove the all the financial/utilization reports from

Author	Phase	IRs	Description of Changes
			the Briefing Book and prep for Phase 4.
M. Melton	4	1145	Print icon added to version 2. The phase 3.3 Briefing Book displays the following statement "IE4 Users: Press "CTRL + P" to Print." This is an alternative in lieu of the implementation of a print icon in the Briefing Book
M. Melton	4	1143	Modify the Excel calculations to use only the displayed precision (not the actual precision) for any applicable Briefing Book reports.
R. Joy	4	1016	Recommended for closure because IR 1186 removes the affected reports from the Briefing Book.
R. Joy	3	1209	Work with Joe Scheidler to develop and test new JCL and SQL that will reduce Briefing Book build and update time.
R Joy	3	1100	Incorrect date references, phase references, titles, and Plan Profile quarters corrected.
R. Joy	3	1015	Managed Care utilization figures only use PRODUCT in the criteria and no longer use PGMCODE (Managed Care were planned to include capitated encounters -- PGMCODE = 2,4 -- and Fee For Service were planned to exclude capitated encounters -- PGMCODE <> 2,4).
R. Joy	3	1007	Briefing Book reports showing MC expenses will include a note about how the costs of managed care eligibles includes fee for service carve-outs.
R. Joy	3	815	Added Special Projects to managed care medical plan model types.
R. Joy	3	1006	Changed "incurred" terminology to "date of service" terminology.
R. Joy	3	1002	Plan Profile set of reports added (however, Briefing Book reports also may be added as discussed in the "Adding, Changing and Deleting Reports" section).

Author	Phase	IRs	Description of Changes
R. Joy	2	908	Briefing Book reports are placed on Panorama View web server.
R. Joy	2	834	During Phase 2, the Briefing Book reports were expanded to include a broader variety of cost and utilization measures. During Phase 2.4, measures related to unique recipients were added.
R. Joy	2	691	References to Excel spreadsheets removed from briefing book application in order to avoid conflict with Excel application (and have subsequently been replaced in Phase 3 due to upgrade of web server).
R. Joy	2	530	Table of contents notes an update date, and the each of the contents shows specific date ranges in the titles.
R. Joy	2	529	ID numbers were added to Briefing Book graphical displays to tie to the table view.

Attachment 1.   Phase 5 Briefing Book Examples

Opening Screen

Example Report

Proprietary and Confidential